FORM D

Use for: Individual or Agency to apply for or renew approval to provide Continuing Education Program(s) DO NOT USE THIS FORM, IF EXEMPT UNDER 22 TAC, \$781.511(c)

DI EACE DRINT OF TWEE

For	Office Use Only	
Buo	dget #ZZ136	
Fur	nd # 008	
#: _		
\$.		

TEXAS STATE BOARD OF SOCIAL WORKER EXAMINERS APPLICATION / RENEWAL FORM FOR CONTINUING EDUCATION PROVIDER

PLEASE PRINT OR I	IPE										
Name of Individual Re	sponsibl	e for Su	ıpervis	or Train	ing Course	e(s) (Full nam	e must match	driver's license)		
Title (circle one):	Mr.	Ms.	Dr.	Prof.	Other_						
Last:					First:			Middle:			
Provider Name:							Provider Number (if renewal):				
Business Address: Stre	et/P.O. I	Box				_City		State	ZIP		
Business Phone No.:						_Ext					
Business Email Addres	s:					Busir	ess Website:				
After approval, the abo	we infor	mation	will ap	pear on	Board's w	ebsite in a li	sting of Appro	ved CE Provide	rs.		
					AF	FIDAVIT					
I,			,]	hereby c	ertify as a	principal o	f		tha		
• 22 TAC • 22 TAC	comply v C, \$781.50 C, \$781.5 C, \$781.5 C, \$781.5 C, \$781.5 C, \$781.5 C, \$781.5	with all 08 Hour 09 Types 10 Activ 11 Requ 12 Eval 13 Accep 14 Cred	l appli Requires of Accepties Universely Sirement Suation of Speak of the period of th	cable laverements for ceptable (nacceptable (nacceptable state for Cortinut of Continut of Continut of Grantect	ws and rul or Continuin Continuing I ole as Continuing Edu uing Educat uing Educat uing Educat	es, including Education, Education, nuing Education proviacion Providers tion Approved	g but not limi	ted to:	derstand that I must		
	n offere	d by th	is pro	vi der fo	n Document r board-ap minimum	oproved cre	dit hours shal iirements;	ll comply with t	he criteria set forth in		
 knowledgeab The provider only for time with a comple Documentati but may not be 	le in the shall be actually etion ce on of co be limite and a li	e progra e respond y spent ertificate emplian ed to: c st of sul	am's s nsible in the e that c ce wit	ubject n for veri prograi conform h 22 TAC curricul	natter, cur fying atter m and succ as to requi C, §781.51 a, attenda	rent minimadance at eacessful compressed to the compressed and currence records	um course re ch program, bletion of the forth in 22 T nt minimum completion o	quirements, and assuring that th program, and p AC, §781.511; a course require certificates, par	e appropriately I training techniques; te licensee receives credit roviding each participan and ments — which includes ticipant evaluation nade available to the		
			Signa	ture of Ap	plicant]	Date	_		
Enclosed is t	he \$50 a	annual c	ontinu	ing educ	ation provi	ider applicati	on fee.				

Mail To:

Texas State Board of Social Worker Examiners P.O. Box 12197, Capitol Station Austin, TX 78711-2197

DSHS Publication #F77-11659 Revised 7/2015



With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. Most information submitted to the board is subject to disclosure under the Public Information Act. (Reference: Government Code, Sections 522.021,522.023,559.003 and 559.004)